## PART B - FEE(S) TRANSMITTAL

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maintenance fee notifica	ed below or directed otl tions.	nerwise in Block 1, by (a	a) specifying a new corr	espondence address;	and/or (b) indicating a sep	varate "FEE ADDRESS" for
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.		
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YOUNG & TF 209 Madison Str Suite 500	IOMPSON reet		I b Sta ad tra	I hereby certify that this Fee(s) Transmitta is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being faestimile transmitted to the USPTO (5/1) 273-2885, on the date indicated below.		
Alexandria, VA	22314		Г			(Depositor's name)
						(Signature)
						(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTO	R	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/578,688	05/09/2006		Serge Champseix		0501-I158	4423
TITLE OF INVENTIO ANALYSIS	N: SYRINGE BLOCK	FOR AUTOMATIC M	MACHINE FOR ANAL	YSIS OF LIQUIDS	, IN PARTICULAR FOR	t BLOOD
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE TOTAL FEE(S) DUI	E DATE DUE
nonprovisional	YES	\$755	\$300	\$0	\$1055	03/09/2010
EXAM	INER	ART UNIT	CLASS-SUBCLASS			
SHABMAN, MARK A		2856	073-863320			
1. Change of correspondence address or indication of "Fee Address" (S' CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PIO/SB/12) attended to Correspondence Address form PIO/SB/12) attended to Correspondence Address form PIO/SB/12) attended to Correspondence Address form PIO/SB/14, Rev 03-02 or more recent) attached. Use of a Custome Number is required.			registered attorney or agent) and the names of up to			
PLEASE NOTE: Uni recordation as set fort (A) NAME OF ASSIGN C2 Diagn	less an assignee is ident h in 37 CFR 3.II. Comp GNEE OSTICS	ified below, no assignee pletion of this form is NO	NTHE PATENT (print or type) ee data will appear on the patent. If an assignment is identified below, the document has been filed for OT a substitute for filing an assignment.  (B) RESIDENCE: (CTIY and STATE OR COUNTRY)  Montpellier, France			
Please check the appropr	iate assignee category or	categories (will not be pr	inted on the patent):	Individual 🚨 Co	poration or other private gr	roup entity 🚨 Government
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						the assignee or other party in
Authorized Signature /Benoit Castel/ Date February 10, 2010						
Typed or printed name Benoit Castel			Registration No. 35,041			
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PTOL-85 (Rev. 08/07) Approved for use through 08/31/2010.